# SPECIFIC-PURPOSE COMMITTEE

## FORM SPAC

CAMPAIGN	FINANCE REPORT		COVER S	HEET PG 1
The SPAC Instruction Guide explains how to complete this form.  1 ACCOUNT# (Ethics Commission Filers)			2 Total pages filed:	
3 COMMITTEE NAME		<del>1 </del>	OFFICE	USE ONLY
Citizens for	e Quality Educatio	N	Date Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI 1607 W. MARIPOSA SA	TY; STATE: ZIP CODE  N ANT. TX 78201	U5-03-1	3 A09 : 51 RCV
change of address			Date Hand-delivered o	r Postmarked
			Receipt#	Amount
5 CAMPAIGN TREASURER NAME	mstwrs/mr first Lydia	ME	Date Processed	
	NICKNAME LAST LORENZI	SUFFEX	Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APTISUT		zip code 78250	
7 CAMPAIGN TREASURER'S MAILING ADDRESS  Change of address	STREET OR PO BOX; APT/SUT	TE#; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/0) 24/-6/26	EXTENSION		
9 REPORTTYPE		perfore election	Exceeded \$500 limit Dissolution (attach PAC	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day $5/3$	<sub>Уеаг</sub> / 2013
11 ELECTION	Month Day Year	ON TYPE  rimary Runoff	General	Special
	GOTOF	PAGE 2		

#### SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

P.O. Box 12070

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Citizens for	Ouality Educ	EATION	ACCOUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE	:	CANDIDATE / OFFICEHOLDER NAME  ART VAIDEZ	
(Attach lists on plain paper to complete this report if necessary.)	<b>⊠</b> CANDIDATE	JIKI JIIII	
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (c	
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / #  Mor	ELECTION DATE nth Day Year
ASSIST (Officeholder)	MEASURE	DESCRIPTION	
14 CONTRIBUTION TOTALS	TOTAL POLITICAL     PLEDGES, LOANS,	CONTRIBUTIONS OF \$50 OR LESS (OTHER TI , OR GUARANTEES OF LOANS), UNLESS ITEM	HAN S
EXPENDITURE TOTALS	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 13,000.00
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		TEMIZED \$ -c-
	4. TOTAL POLITICAL EXPENDITURES		\$ 13,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA NG PERIOD	\$ 1,457.30
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS CEREPORTING PERIOD	of the \$a_
Notar	F. Ponce	I swear, or affirm, under penalty of report is true and correct and includ reported by me under Title 15, Electrical Signature of Camp	tes all information required to be ction Code.
AFFIX NOTARY STAMP / SE  Sworn to and subscrib	ed before me, by the	said <u>Lydia Lorenz</u> 3 , to certify which, witness my	
Rull J. O. Signature of officer administer	gnee RAG	chel F. Ponce	Notary Public Title of officer administering oath

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Citizen	s for Quality Educat.	10N	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
4-15-17	Charles C. Butt. 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
		;	5,000.00	
	335 King William, SAN A.	Vt.,TX 78204	(If travel outside o	[ of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	H.B. ZachRy, JR. Contributor address; City; State; Zip Code		CONTRIBUTION (W)	Localipation (ii approxima)
4-15-13	Contributor address; City; State; Zip Code 7603 Shadylane DR., SAN A	NT.,TX	2,000.00	
	r	78209	(If travel outside o	of Texas, complete Schedule T)
/ f	pation / Job title (See Instructions)	Employer (See In	structions)	
CONSTRUC	11010			
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4-24-13	JAMES R. Adams  Contributor address; City; State; Zip Code  24-13 209 Geneseo Rd., SAN ANT., TX		500,00	<del> </del>
	1	78209	(If travel outside	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
4-24-13	NARK NAYS  Contributor address; City; State; Zip Code  BOX 659512, SAN ANT., T	X 78265	500.00	
			(If travel outside	I of Texas, complete Schedule T)
1 / 8 '	pation / Job title (See Instructions) // CATIONS	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Charles C. Butt			accompany (ir approxima)
4-24-13	Charles C. Butt.  Contributor address; City; State; Zip Code  335 King William, SAN ANT	TV	5,000.00	1
	1009 King William, SAN 7110	78204	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	structions)	
GROCER	100			
i				

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

Advertising Eveness		EGORIES FOR BOX 8(; ries/Wages/Contract Labor	Loan Repayment/Reimbursement	1
Advertising Expense Accounting/Banking		itation/Fundraising Expense	Transportation Equipment & Related Expense	,
Consulting Expense	-	el In District	Contributions/Donations Made By	
Event Expense	,	el Out Of District	Candidate/Officeholder/Political Committee	e
Fees	Printing Expense Offic	e Overhead/Rental Expense	OTHER (enter a category not listed above)	
	The Instruction Guide expl	ins how to complete this t	form.	
1 Total pages Schedule F:	2 FILER NAME	,	3 ACCOUNT # (Ethics Commission File	lers)
1	Citizens for Wyality	Education		
4 Date	5 Payee name			
4-15-13	ART VAldez			
6 Amount (\$)	7 Payee address; City; State;	Zip Code	985	
6 000 00	7 Payee address; City; State; 3 402 TAFT SAN ANTO	onic, 1 × 18	423	1
8,000.00				
	(a) Containing (Co., 14-12) End-1-11(14-14-14)	contradute) . And December	on (If travel outside of Texas, complete Schedule T)	
8 PURPOSE OF	DONATION MAde by Poli		OTT (II traver votatile of rexas, complete schedule 1)	
EXPENDITURE	Committee	, -, -, -		1
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ught Office held	
expenditure to benefit C/				ŀ
Date	Payee name			1
4-24-13	ART VAldez	***************************************		
Amount (\$)	Payee address; City; State;	Zip Code	2004	1
	Payee address; City; State; 402 TAFT SAN ANT	ONIO, IX 7	8225	
5,500.00	, , , ,	, ,		
PURPOSE	Category (See categories listed at the top of thi		on (If travel outside of Texas, complete Schedule T)	1
OF EXPENDITURE	DONATION MADE by Pol	TICA		
	Candidate / Officeholder name	Office sol	ught Office held	
Complete ONLY if direct expenditure to benefit C/		Office 301		
	<u> </u>			
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE	Category (See categories listed at the top of thi	s schedule) Descripti	ion (if travel outside of Texas, complete Schedule T)	
OF EYPENDITURE				
EXPENDITURE	On the logation	Office so	ught Office held	
Complete ONLY if direct		Office so	2311	
expenditure to benefit C				
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
Arrount (9)		,		
PURPOSE	Category (See categories listed at the top of th	is schedule) Descript	ion (If travel outside of Texas, complete Schedule T)	
OF				
EXPENDITURE			1 1.5	
Complete ONLY if direct		Office so	ught Office held	
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				